

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

10031-62-039958
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED OCT 29 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis, Mo.

Length of stay in lb
72 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis- Little Rock Hosp. Inc.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Tennessee

c. CITY OR TOWN

Memphis.

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

373 I Wellington

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

William

Avant

4. DATE OF DEATH

Month

Day

Year

Oct. 17, 1962

5. SEX

Mlae

6. COLOR OR RACE

Colored

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Jan. 12 1900 62

9. AGE (last birthday)

62

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

9 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pens. Stowman

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Tennessee

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Nannie M. Avant

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Unknown

17. INFORMANT

Address

Nannie M. Avant 373 I Wellington, Memphis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Pancreas with
Hepatic metastases.

INTERVAL BETWEEN
ONSET AND DEATH
3 yrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

157 x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 6, 1962 to Oct. 17, 1962 and last saw him alive on Oct. 17, 1962

Death occurred at 3:05 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Masao Ohnishi M.D.

22b. ADDRESS

1755 South Grand Blvd.

22c. DATE SIGNED

10/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Shipped

23b. DATE

10-20-62

23c. NAME OF CEMETERY OR CREMATORY

Memphis, Tennessee

24. FUNERAL DIRECTOR

ADDRESS

Koonce Mortuary
1221 Grant St.

St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

OCT 19 1962

26. REGISTRAR'S SIGNATURE

Harold Smith M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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69

NOV 2 1962

OCT 29 1962

MAR 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lawrence Sproule

Licensed Embalmer No.

P. O. Address

4755
122/Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.